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DATE: 9/26/07

PTO IDENTIFIER: Application Number 09/829,439-Conf. #8762
Patent Number
Inventor: COLUMBUS et al.

MESSAGE TO: US Patent and Trademark Office
FAX NUMBER: (571) 273-8300

FROM: WILMER CUTLER PICKERING HALE AND DORR LLP
Irah H. Donner
PHONE: (212) 230-8800
Attorney Dkt. #: 0026119.00120US1

PAGES (Including Cover Sheet): 45

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Transmittal (1 page)
Fee Transmittal (1 page)
Terminal Disclaimer (1 page)
Applicant Initiated Interview Request form (1 page)
Fax cover sheet and Certificate of Transmission (2 pages)

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PTOL-413A (07-07)
Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**Applicant Initiated Interview Request Form**

Application No.: 09/829,439-Conf. #8762 First Named Applicant: C. COLUMBUS
 Examiner: D. Kesack Art Unit: 3624 Status of Application: Published

Tentative Participants:

(1) Irah Donner (2) _____
 (3) _____ (4) _____

Proposed Date of Interview: _____ Proposed Time: _____ (AM/PM)

Type of Interview Requested:(1) Telephonic (2) Personal (3) Video ConferenceExhibit To Be Shown or Demonstrated: YES NOIf yes, provide brief description: Video demonstration of operation of invention**Issues To Be Discussed**

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>18-28, 38-44, 53-59, 65-67, 73-85, 77-83</u>	<u>Gatto</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

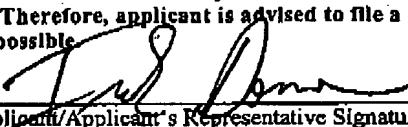
 Continuation Sheet Attached**Brief Description of Arguments to be Presented:**Differentiation of present invention over the prior art

An interview was conducted on the above-identified application on _____

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.



Applicant/Applicant's Representative Signature_____
Examiner/SPE Signature_____
Irah H. Donner

Typed/Printed Name of Applicant or Representative_____
35,120

Registration Number, if applicable

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002/045

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PTO/SB/07 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031

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Application No. (if known): 09/629,439

Attorney Docket No.: 0026119.00120US1

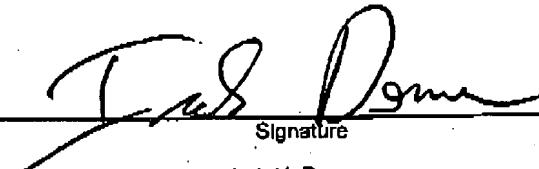
Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on

9/26/07

Date


Signature

Irah H. Donner

Typed or printed name of person signing Certificate

35,120

(212) 230-8800

Registration Number, if applicable

Telephone Number

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Amendment (39 pages)

Transmittal (1 page)

Fee Transmittal (1 page)

Terminal Disclaimer (1 page)

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SEP 26 2007

PTO/SB/M7 (07-06)
Approved for use through 01/31/2007. GOMB 0651-0032
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

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Effective as of 12/06/2004 <small>Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 481).</small>		Complete If Known	
Fee Transmittal For FY 2006		Application Number	09/629,439-Conf. #8782
		Filing Date	April 10, 2001
		First Named Inventor	C. Columbus
		Examiner Name	D. Kesack
		Art Unit	3691
		Attorney Docket No.	0026119.00120US1
METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account Number DB-0219 Deposit Account Name Wilmer Cutler Pickering Hale and Dorr LLP			
<small>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</small>			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	300	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 -	x	=				
HP = highest number of total claims paid for, if greater than 20.						

Independent Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

- 3 - x = HP = Highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$290 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of such additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 -	/50	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer fee 130.00

SUBMITTED BY

Signature	<i>Ted H. Dorner</i>	Registration No. (Attorney/Agent)	35,120	Telephone (212) 230-8800
Name (Print/Type)	Ivan H. Dorner		Date 9/26/07	

SEP 26 2007

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

45

Application Number 09/829,439-Conf. #8762

Filing Date April 10, 2001

First Named Inventor C. COLUMBUS

Art Unit 3691

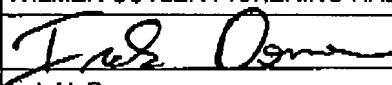
Examiner Name D. Kesack

Attorney Docket Number 0026119.00120US1

ENCLOSURES (Check all that apply)

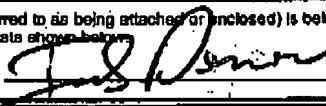
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Applicant Initiated Interview Request form Fax cover sheet and Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Irrah H. Donner		
Date	9/26/07	Reg. No.	35,120

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (317) 273-6300, on the date shown below.

Dated: 9/26/07

Signature:  (Irrah H. Donner)